

HERITAGE HOME FOR WOMEN
1519 Union Street
Schenectady, New York 12309
518-374-6921
Application for Employment

Date _____

Name _____
Last First Middle I.

Present address _____
Street City State Zip

Best phone number to reach you: _____

Social Security number ____/____/____ Employment desired: ___full time ___part time

Position desired: (please check position applying for)

- ___ Maintenance
- ___ Housekeeping
- ___ Dietary
- ___ Activities
- ___ CNA/PCA – shift preferred: ___6am-2pm; ___2pm-10pm; ___10pm-6am

How did you hear about us? _____

Ever applied to this company before? ___ no ___yes. If yes, when? _____

Referred by _____

Education:

Name & location of High school you attended _____

Did you graduate? ___ #years attended___ Favorite Courses/ Awards Received? _____

Name & location of College you attended _____

Did you graduate? ___ #years attended___ Favorite Courses/ Awards Received? _____

Name & location of Trade or Business School you attended _____

Did you graduate? ___ #years attended___ Favorite Courses/ Awards Received? _____

If under 18 years of age, do you have a work permit? ___ yes; ___no

Have you ever been convicted of a crime? ___yes ___no. If yes, please describe fully the criminal conviction(s), listing the nature of the offense your age at the time of the offense, and your rehabilitation since the conviction(s). (A conviction record will not necessarily be a bar to employment).

**PLEASE NOTE: EMPLOYEES MAY NOT SMOKE INSIDE OF THE HERITAGE HOME
complete information on reverse side.....**

Are you currently employed? ___ Yes ___ No

Please tell us about the jobs you've held over the last 10 years. List your former employers starting with the most recent.

Where do you work right now, or most recently?

Company Name _____ Address _____

Telephone Number _____ Supervisor's Name & Title _____

Position Held _____ Dates Worked (From/To) _____

What did you do there? _____

Why did you leave? _____ What was your rate of pay? _____

Where did you work before that?

Company Name _____ Address _____

Telephone Number _____ Supervisor's Name & Title _____

Position Held _____ Dates Worked (From/To) _____

What did you do there? _____

Why did you leave? _____ What was your rate of pay? _____

Is it ok to contact these employers? ___ Yes ___ No. If not, which ones and why not?

REFERENCES: PLEASE LIST BELOW THE NAMES OF THREE (3) PERSONS THAT ARE **NOT** RELATED TO YOU WHOM YOU HAVE KNOWN ON A **PROFESSIONAL** BASIS FOR AT LEAST ONE (1) YEAR: (For example: past job supervisors, organizations you may have volunteered for)

	Full Name	Phone #	How you know this individual	Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I agree to conform to the rules and regulations of the company. My employment may be terminated at anytime, at the option of either the company or myself. I understand that no management representative has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

I HEREBY GIVE AUTHORIZATION TO CHECK THE REFERENCES GIVEN IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR WILL NOT BE INTERPRETED IN MY FAVOR.

Date _____ Signature _____

"We are an Equal Opportunity Employment Company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin or physical defect."